

FROM

Your business name
Address
Phone · email

BILL TO

Client name
Client address
Phone · email

ESTIMATE #	DATE	VALID UNTIL
PROJECT / GC JOB #	APPLICATION # / PERIOD	SUBCONTRACT VALUE / REVISED
RETAINAGE %		

DESCRIPTION	QTY × RATE	AMOUNT
SOV item: scheduled value, % complete to date, completed this period		
SOV item: scheduled value, % complete, this period		
Change order #: description, approved date		
Stored materials (with backup)		
Less retainage (rate %) on this period		
Less previous payments (negative)		

NOTES & PAYMENT TERMS
This estimate is valid for 30 days. Final invoice may vary if the scope changes; any change will be approved in writing before work continues. Deposit of 30% due on acceptance.

Subtotal
Tax
ESTIMATED TOTAL